

<b>CENTRAL COMPLAINT #</b> 17-161544			<b>A#</b>		<b>PIN#</b> 479533	
<b>LOCATION OF INITIAL INTERVIEW</b> First Pct		<b>DATE OF INTV.</b> 3-16-17	<b>TIME OF INTV.</b> 1100		<b>POLICE DEPARTMENT, COUNTY OF SUFFOLK, NY</b> <b>ACCREDITED LAW ENFORCEMENT AGENCY</b> <b>PRISONER ACTIVITY LOG</b> <small>53-0392:: 05/15</small> <b>PDCS-2032h</b>	
<b>PRECINCT</b> 1	<b>COMMAND</b> 120	<b>TOUR</b> 8x4	<b>BLOTTER ENTRY</b>			
<b>CHARGE(S)</b> WARRANT			<b>DISTRIBUTION:</b> WHITE - CENTRAL RECORDS      YELLOW - PRECINCT FILE PINK - COMMAND OF DETENTION      GOLDENROD - COURT LIAISON			
<b>PRISONER'S LAST NAME, FIRST, M.I.</b> NEWKIRK, LATOYA			<b>D.O.B.</b> 6/5/86	<b>SEX:</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>	<b>RACE:</b> ( ) WHITE (X) BLACK ( ) HISPANIC ( ) ASIAN ( ) AM INDIAN/ALASKAN NATIVE ( ) NATIVE HAW/ OTHER PAC ISLANDER ( ) UNK	
<b>ADDRESS:</b> 857 OLD TOWN RD, PORT JEFF. ST.			<b>DATE OF ARREST</b> 3/16/17	<b>TIME OF ARREST</b> 1044	<b>PLACE OF ARREST</b> ARLINGTON AVE / DOE ST / W HANDBAND	
<b>-PRISONER BAILED? If yes, continue</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>BAIL AMOUNT</b> \$	<b>APPEARANCE TICKET</b> #		<b>CASH BAIL RECEIPT</b> #	
<b>VISIBLE PHYSICAL CONDITION UPON INITIAL INTERVIEW</b> (Indicate observable cuts, scrapes, bruises, signs of drug/alcohol impairment) Appears Normal			<b>PRISONER CLAIMS PAIN, INJURY OR ILLNESS ... EXPLAIN DETAILS OF CLAIM</b> "No"			
<b>VISIBLE EMOTIONAL CONDITION</b> Calm			<b>IS PRISONER ON MEDICATION?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, continue <b>PRESCRIPTION NUMBER</b> _____ <b>DOCTOR'S NAME</b> _____ <b>NAME OF PHARMACY</b> _____ <b>AMOUNT</b> _____ <b>EVERY</b> _____ <b>HOURS</b> _____ (NOTE MEDICATION DISTRIBUTION IN PRISONER ACTIVITY SECTION)			
<b>ARE PHOTOS, IN ADDITION TO MUG SHOTS, REQUIRED AS PER R&amp;P CHAP16.1?</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>PHOTOS TAKEN?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>PHOTOS TAKEN BY:</b>		<b>DATE:</b>	
<b>ARRESTING OFFICER'S LAST NAME, FIRST, M.I.</b> PO McCarty #6005			<b>RANK/SHIELD/COMMAND (IF NOT SCPD, LIST AGENCY)</b> PO PAY #6174		<b>PLATOON COMMANDER OR DESIGNEE PERFORMING INTERVIEW</b> James R. [Signature] Sgt 1260/110/13	
<b>PRISONER LODGED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>CELL NO.</b> 9	<b>TIME</b> 2113	<b>VISIBLE PHYSICAL CONDITION WHEN LODGED</b> OK		<b>PROPERTY RECEIPT #</b> 945567	<b>LODGING OFFICER'S INITIALS/SHIELD</b> Pda 125101

**PRISONER ACTIVITY**

LIST ALL MOVEMENT OF PRISONER BOTH WITHIN AND OUTSIDE PRECINCT / COMMAND. INCLUDE TRANSPORTS TO HOSPITAL, COURT, INTERROGATIONS AND NOTE PHYSICAL CONDITION UPON RETURN. IF DIFFERENT UPON RETURN, SUBMIT I.C. TO EXPLAIN. IF PRISONER IS BAILED, LIST TIME & DATE ON APPROPRIATE LINE BELOW AND COMPLETE THE PRISONER BAILED BOX ABOVE. PRISONER INSPECTION VISITS ARE MADE AT INTERVALS NOT TO EXCEED 30 MINUTES APART.

TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD	TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD
1100	Intv. @ Spts Window	Sgt 1260	1800	SITTING USR	PO 6150
1125	631-748-9159	PO 6005	1830	SITTING USR	PO 6158
1155	Sitting	PO 6174	1902	GIVEN FOOD	P.O. 5488
1225	Sitting	PO 6174	2020	GIVEN MEDS (x2)	PO 4702
1255	Sitting	PO 6174	2030	20 TO 4TH FLT	PO 6120
1325	PROPERTY	PO 6174	2100	30 AT 4TH	PO 6170
1355	Sitting	PO 6174	2105	Re Interview - ok	Sgt 1260
1400	SEARCHED	PO 6174	2113	Search, lodged	PO 123101
1430	Sitting	PO 6174	2145	Sitting	Pda 125
1500	Sitting	PO 6174	2215	Sitting	Pda 175
1530	Sitting	PO 6174	2245	standing	Pda 175
1600	Sitting	PO 6174	2315	standing	Pda 175
1630	Sitting	PO 6174	2345	standing	Pda 175
1700	Sitting	PO 6174	0005	Sitting	PDA 12
1730	Sitting	PO 6174	0015	Sitting	PDA 12

CHECK ☒ WHEN FUNCTION COMPLETEDWARRANTS CHECKED ☐PHOTOS / FINGERPRINTS TAKEN (IF NECESSARY) ☐ARREST PACKAGE REVIEWED & APPROVED ☐COURT INFORMATION SIGNED ☐

SUPERVISOR REVIEW

(TO BE SIGNED UPON TERMINATION OF CUSTODY)



ACCREDITED LAW ENFORCEMENT AGENCY

53-0612p. 09/07

PDCS-2032-1a

CHARGE(S) Warrant	DISTRIBUTION: WHITE - CENTRAL RECORDS PINK - COMMAND OF DETENTION				YELLOW - PRECINCT FILE; GOLDENROD - COURT LIAISON	
PRISONER'S LAST NAME, FIRST, M.I. New Kirk, Latoya	D.O.B. 6/5/86	DATE OF ARREST 3/16/17	TIME OF ARREST 1044	CELL # 9		

ATTN: [redacted] 264

(TO BE SIGNED UPON TERMINATION OF CUSTODY)



CENTRAL COMPLAINT NUMBER

17-161544



POLICE DEPARTMENT, COUNTY OF SUFFOLK, NY

ACCREDITED LAW ENFORCEMENT AGENCY

PRISONER ACTIVITY LOG - ADDENDUM  
MENTAL HEALTH SCREENING

PDCS-2032-2a

NOTE: This form MUST be completed in all cases prior to lodging any prisoner

PRECINCT / COMMAND 110	INTERVIEWING OFFICER'S LAST NAME, FIRST, M.I. Rocha James	RANK Sgt	COMMAND 110
PRISONER'S LAST NAME, FIRST, M.I. Newkirk, Latoya	D.O.B. 6-5-86	DATE OF ARREST 3-16-17	TIME OF ARREST 1044
CHARGE(S) Warrant		CELL # 9	

Has any Department member reported information indicating that the arrestee has engaged in conduct which may indicate a current risk of suicide?

If YES - Explain

☐ Yes ☒ No (If Yes, Transport to CPEP Required)

Preparing Supervisor has asked the arresting/transporting officer about the above topic:

JB (Supervisor Initial's)

Performed "Multi-System Name Look Up"

Details (if relevant)

☒ Yes

Information indicating the prisoner has attempted suicide within the past twelve (12) months will require Full Time Observation.

Are you presently having thoughts of committing suicide?

(If Yes, Transport to CPEP Required)

☐ Yes☒ No

Have you ever attempted suicide?

☐ Yes☒ No

(If Yes, continuous Full Time Observation is Required if the attempt occurred within the past twelve (12) months)

People afflicted with certain mental illness are at an increased risk for attempting suicide. **Affirmative answers** to the following questions should be evaluated with the totality of the circumstances during the period of detention.

Additional in custody suicide risk factors are enumerated at the bottom of this form.

Have you ever been treated for a psychiatric illness?

☐ Yes☒ No

If yes: For what illness?

When were you treated?

Have you ever been prescribed medication for a psychiatric illness?

☐ Yes☒ No

If yes: What medication?

When were you on such medication?

For what illness was the medication prescribed?

## Additional In Custody Suicide Risk Factors

Be aware that **hanging** is the most prevalent method of in custody suicide

- White Male
- Average Age 30
- Intoxicated by alcohol or other substance
- Insignificant or no arrest history
- Likely to have been charged with nonviolent crimes
- Recent loss of stabilizing influence

- Severe shame or guilt over offense
- Current mental illness - Depression is the single strongest indicator
- Poor health or terminal illness
- Severe agitation/aggressiveness
- Projects a sense of hopelessness

SUPERVISOR REVIEW:

(TO BE SIGNED UPON TERMINATION OF CUSTODY)

DATE

53-0311.11/15